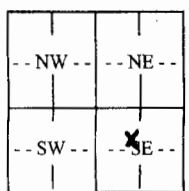


WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

<p>1 LOCATION OF WATER WELL: County: <u>Norton</u> Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> <u>Approximately 750 Feet South-southwest of Main and railway streets - behind elevators</u></p>	Fraction <u>SE 1/4 SE 1/4 NW 1/4 SE 1/4</u>	Section Number <u>8</u>	Township No. <u>T 2 S</u>	Range Number <u>R 21</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
<p>2 WATER WELL OWNER: <u>Koch Remediation & Env. Svcs</u> RR#, Street Address, Box #: <u>4111 E. 37th St. N</u> City, State, ZIP Code: <u>Wichita KS 67220</u></p>		<p>Global Positioning System (GPS) information: Latitude: <u>39.88755</u> (in decimal degrees) Longitude: <u>-99.70927</u> (in decimal degrees) Elevation: <u>2193</u> Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <u>Garmin etrek 10</u>) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m</p>		

<p>3 LOCATE WELL WITH AN "X" IN SECTION BOX: N  W _____ E S -----1 mile----- </p>	<p>4 DEPTH OF COMPLETED WELL <u>32</u> ft. Depth(s) Groundwater Encountered (1) <u>26</u> ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr. _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>8.5</u> in. to <u>32</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input checked="" type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted. _____ Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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5 TYPE OF CASING USED: Steel PVC Other _____
CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter 2 in. to 32 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface 30 in., Weight _____ lbs./ft., Wall thickness or gauge No. sch 40
TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify) _____
 Brass Galvanized Steel None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify) _____
SCREEN-PERFORATED INTERVALS: From 17 ft. to 32 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 15 ft. to 32 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Intervals: From 3 ft. to 15 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well
 Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
<u>0</u>	<u>3</u>	<u>top soil</u>			
<u>3</u>	<u>32</u>	<u>silty clay with some sand</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 12/11/14 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 710 This Water Well Record was completed on (mo/day/year) 12/18/14
 under the business name of Below Ground Surface, Inc. by (signature) Michael J. Olsay
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.